



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Veterinary Medicine
1000 Washington Street, Suite 710
Boston, MA 02118-6100
Phone: (617) 727-3080

CERTIFICATE BY DEAN OR REGISTRAR OF VETERINARY COLLEGE

(If Requesting Examination Prior to Degree Conferral)

I, _____, as Dean/Registrar of _____

certify that the applicant attended this institution from _____ to _____ and has received or
will receive (circle one) a Doctor of Veterinary Medicine degree on _____.

SCHOOL SEAL

Signature of Dean/Registrar